



**BSA, Troop 30, West Grove, PA
PARENT'S PERMISSION
For a Troop Activity**

Troop Leaders must obtain the written consent of the Parent or Guardian of every scout wishing to participate in the activity described. **Scouts without such written permission will not be transported from the departure location.**

Troop # 30 is planning _____ at _____
type of event place
 on _____ traveling by _____
date car, bus, bicycle, etc.
 leaving from _____ at _____
place time date
 returning to _____ at _____
place time date
 Please bring _____
 Adult Trip Leader(s) _____ Phone(s) _____
Contact during trip in case of emergency Phone(s) is/are available during trip
 Alternate Troop Emergency Contact _____ Phone(s) _____
Contact not on trip, given itinerary & detailed trip info in case of emergency Suggest multiple phone numbers

FILL OUT THIS BOTTOM SECTION AND RETURN TO TROOP LEADER

My Son _____ has my permission to participate with BSA Troop 30, West Grove, PA in:
 _____ at _____ on _____
event place date
 If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:
 Name _____ Phone _____
IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact a Scout's Parent or Guardian. In the event I cannot be reached, I hereby give permission for emergency treatment for my son.
 During the event I can be reached at _____ phone #1 _____ phone #2 _____
PARENT/GUARDIAN SIGNATURE _____ Date _____



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